

**Client Payments**600 Revillon Bldg., 10320 – 102 Ave,  
Edmonton, Alberta T5J 4A1**Phone:** 1.866.845.3425 **Fax:** 1.866.382.7253**E-mail:** [LSC@legalaid.ab.ca](mailto:LSC@legalaid.ab.ca) **Web:** [www.legalaid.ab.ca](http://www.legalaid.ab.ca)**Legal Aid Account #:** \_\_\_\_\_**Legal Aid Client Name:** \_\_\_\_\_**Section A – PLEASE ATTACH A VOID CHEQUE OR A DIRECT DEPOSIT FORM****Section B – PRE-AUTHORIZED DEBIT AGREEMENT**

I hereby authorize Legal Aid Alberta to debit my account in the amount of \$\_\_\_\_\_ on the \_\_\_\_\_ (Choose 1<sup>st</sup>, 5<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, 25<sup>th</sup>, or 30<sup>th</sup>) day of each month, starting the month of \_\_\_\_\_, 20\_\_\_\_, which is payable to The Legal Aid Society of Alberta for Legal Fees.

**Section C – SIGNATURE**

You the Payor may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Signature (if joint account)**

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

**\*Please return this completed form, along with your void cheque/direct deposit form (or a copy) by mail, fax or email.**